

Due Date: April 18, 2011

Check (✓) if this is an
AMENDED return

Partnership
Year Ending

M M D D C C Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Partnership Name		Federal Employer ID Number	
Number and Street			Suite Number
City		State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding This Return		Telephone Number	Fax Number
Type of Partnership (check (✓) one) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company (Explain) _____			

_____ ← Number of partners or members included in this return.

Caution: Only qualifying partners or members may be included in this return. See instructions for details.



ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS →(1000) NO COMMAS; NO CENTS

Schedule 1 Tax Computation

1	Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E	1	_____	.00
2	Tax from Schedule 2, column H	2	_____	.00
3	Alternative minimum tax from Schedule 2, column I	3	_____	.00
4	Add lines 2 and 3. This is the total tax	4	_____	.00
5	Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column J)	5	_____	.00
6	If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6	_____	.00
7	If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment . This is the amount to be refunded to partnership	7	_____	.00

Include a copy of any application for an extension of time to file. *Don't attach federal Form 1065 or 1065-B, Wisconsin Form 3, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 3K-1 to this return.*

SIGNATURES	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this partnership has a power of attorney or other written authorization from each qualifying and participating nonresident partner to file this composite return on the partner's behalf.		
	Signature of Authorized Officer	Title	Date
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date

IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to: Wisconsin Department of Revenue PO Box 8991 Madison WI 53708-8991
-------------------------------------	---

